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CASE OF MAL-PRACTICE

TRIED IN THE SUPREME COURT AT CAMBRIDGE, JANUARY, 1856, BEFORE JUDGE BIGELOW.

[Communicated for the Boston Medical and Surgical Journal.]

NOYES *vs.* ALLEN. Counsel for Plaintiff, B. F. BUTLER, Esq., Lowell. For Defendant, D. S. RICHARDSON, Esq., Lowell, and E. R. HOAR, Esq., Concord.

IN presenting a report of this case, it is proposed to state only the principal facts and points at issue—such as would more particularly interest the medical reader. The history of the case is as follows: Moses L. Noyes, of Acton, while pursuing his business as peddler in Lowell, was thrown from his sleigh, being turned over upon the frozen ground which was covered with a light fall of snow. He was carried to the Washington House, when Dr. N. Allen was called, who, after making such examination as he thought necessary at the time, occupying from ten to fifteen minutes, stated that he thought no bones were broken; but finding him cold, faint, and suffering from a violent shock to the whole system—complaining of his right side being injured, more particularly his hip, elbow and shoulder—directions were given to get him warm, put his feet into warm water, rub him thoroughly, and apply hot spirit and wormwood to the injured parts. There was some difficulty in the use of the arm—supposed to arise from laceration of the ligaments in the elbow-joint, as no fracture was detected in making the natural movements of rotation and flexion. Dr. A. called the next morning (the previous visit being made the night before), and, on the first inquiry, was assured by the patient that he was much better, and he thereupon, without asking any examination of the arm, or further treatment, paid and discharged his medical attendant. The next time the physician heard of the case—having no suspicion but that this stranger had perfectly recovered and was about his usual business—was nearly three months afterwards, when a suit for "breach of contract" was served upon him, claiming damages to the amount of $5,000 for a broken arm.

The accident occurred January 7, 1854, but the case did not come to trial till January 11, 1856. It appeared in the evidence, that the plaintiff was confined to the house a week or ten days

after the injury; that he continued to carry his arm in a sling for several weeks, finding in the meantime an increased stiffness in the elbow-joint, and an inability to give complete rotation and flexion to the arm. Three weeks after the injury, the plaintiff being at Harvard, in a public house, the attention of Dr. J. O. Dow was called to the arm, and, on examining it, he found "rotation and flexion not quite perfect, though very good—did not discover any fracture—thought he might have a very good arm." Dr. Dow (summoned by the defence) was the first physician who saw the arm after Dr. Allen, and this examination was made incidentally, not professionally.

About the middle of March, Dr. H. Cowdry, of Acton, being present where the plaintiff was, examined the arm next, and pronounced the injury a "fracture and displacement of the head of the radius." Dr. W. Burnham, of Lowell, saw it soon after, and was of the same opinion. The other medical witnesses called by the plaintiff were Dr. Z. P. Burnham, of Lowell; Drs. A. J. Howe and F. H. Kelley, of Worcester; and Dr. J. A. Tilton, of Newburyport—Dr. Cowdry being the only one connected with the Mass. Med. Society.

These six witnesses agreed in testifying that they were certain the radius was fractured in its neck, above the tubercle and near the annular ligament, displacing its head, and producing a bony protuberance; that such an injury only could account for the symptoms manifested at the time of the accident, and that no other fractures or injuries of the joint could explain so well the present appearances of the arm. Two or three of them testified that they could discover no other fractures connected with the elbow-joint, and that this constituted the sole cause of the present injury to the arm. On cross-examination, they all acknowledged that they had never met with the fracture of the head of the radius in their own practice—that they had no personal knowledge whatever of any such case ever occurring, and could not refer to any positive instance of the kind recorded in medical works. Dr. W. Burnham should be excepted, inasmuch as he thought he had seen a similar case many years ago in his practice in Vermont.

The medical witnesses called in the defence were Drs. G. Kimball and E. Huntington, of Lowell; and Drs. S. D. Townsend, W. Lewis, H. G. Clark and G. H. Gay, of Boston.

Dr. Kimball, having carefully examined the arm, testified, that in his opinion the *head of the radius was not broken; that he saw no evidence that it had ever been broken;* it was now in its natural position rotating with the shaft of the bone, as could be distinctly proved by applying the fingers upon it, while rotating the fore-arm.

Dr. Lewis, after examining the arm, testified that the *head of the radius was immediately in its proper place, and rotated in its cavity with the shaft of the bone;* that the bony protuberance supposed to have been the head of the radius was positively no part of it whatever; that he never saw, heard or read of a case of the fracture of

the neck of the radius, nor ever had seen a specimen in any anatomical museum in this country or in Europe.

Dr. S. D. Townsend testified that he could not see any evidence whatever that the head of the radius had been fractured; that it seemed to him entire and natural; that there might have been a slight fracture of one of the condyles of the ulna, or a sliver of bone broken off, difficult to detect at the time, and that in such injuries no splints are necessary—might do more harm than good; and, that after meeting any such injury, the man had a very good arm, whatever might have been the treatment.

Drs. H. G. Clark and G. H. Gay testified that they could discover no evidence that the neck of the radius had ever been broken; that the head of the bone was in its natural place and position, and rotated with the shaft of the bone; that it was difficult, if not impossible, for the neck of the radius to be broken without far greater injury to the whole joint, and that from any severe injury to the elbow this man had a good arm.

These witnesses, while they were all agreed and positive that there was no fracture of the radius, could not so well agree or explain definitely what was actually the precise nature of the injury at the time of the accident. Medical witnesses on both sides testified that the elbow was far the most difficult joint in the system for surgical treatment, and that the most serious consequences sometimes arose to this joint from apparently the slightest injuries.

The case was ably managed by the counsel on both sides, and, after occupying the court five days, resulted in an *entire acquittal of the defendant.*

There are two or three points in this case deserving special notice. The *first* is—the extreme liability of medical men in all surgical cases, particularly when making only a single visit, and if called to a sudden accident, injury, &c.

The *second* point is—the remarkable agreement of medical witnesses on each side to positive facts in the case, and the facts on the one side so directly contradictory to those stated on the other—showing that the witnesses, either for the plaintiff or defendant, must have been radically mistaken. The readers of this Journal, and all persons acquainted with the character and competency of the witnesses in this instance, will have no doubt that the *decision of the jury was right.*

This makes the fifth case of mal-practice that has been tried in the courts of Middlesex County within six years. It may not be improper here to refer to these suits.

In the case of Dr. Peter Manning, of Lunenburg, at the first trial the jury returned a verdict of $362.50 damages against him, which was set aside by the whole court as against the weight of evidence, Judge Shaw giving a carefully prepared opinion. Notwithstanding this, the jury at the next trial gave a verdict of $100, which was also set aside by the whole court, and for the same reason; whereupon the counsel for both parties agreed to drop the suit.

In the case of J. T. G. Leach, of Lowell, the jury did not agree on the first trial; but, at the second, brought in a verdict of $300 damages. But this verdict was set aside by the whole court as being against the weight of evidence, and the defendant, rather than have the trouble and expense of another trial, settled the matter by paying the other party something towards the costs.

On the first trial of the case of Dr. Joseph Kittredge, of North Andover, the jury returned a verdict of $1,675 damages, which was also set aside by the whole court, being considered against the weight of evidence. At the second trial, the jury disagreed, and the defendant then compromised the case by paying something towards the costs.

The fourth was that of Dr. Bartlett, of Somerville. On the two first trials, the jury did not agree; but at the third trial, *acquitted him*—thereby throwing a heavy bill of costs upon the prosecuting party.

Thus in these five cases, four verdicts were returned; and all, after careful examination, were set aside by the whole court, showing that the jury must have been clearly mistaken in the evidence, or were influenced in their decisions by prejudice. In four instances the jury did not agree; and in only two, did they return an acquittal. The whole expense of these cases probably has exceeded $10,000—most of it paid to counsel. *None of the plaintiffs in these cases have received a single cent, but made for themselves as well as the defendants a heavy bill of costs.* This is surely not very profitable litigation to the parties most immediately concerned.

Two methods have been proposed to prevent such suits, and are more or less practised by some of our best physicians and surgeons. First, to refuse all calls when injuries to the joints or bones are suspected, if the parties applying are unknown, or are not regarded as perfectly honest and honorable. The *second* is—to make a written contract with the patient before proceeding to take charge of him, or have always present in every case friends who may act as witnesses, if need be, to all that is done and said by the attending surgeon. It may be objected that, in the first course, such refusals would be considered *inhuman;* and in the second, it is *undignified* for a well-qualified profession to resort to such expedients. But then, what can be done, when the rights, the interests and the reputation of medical men are so unjustly assailed as we find in many instances? In the cases referred to above, probably there were no good grounds whatever for any legal action in a single case; and, still, the defendant in one of these cases, besides the anxiety and mental suffering, the loss of time and business, as well as injury to reputation, was subjected to an actual expense of $2,000. Is there no remedy for such injustice? If attorneys will not discountenance such complaints, the community may find, that after a few more acquittals and bills of costs to plaintiffs, such suits do not prove very profitable—at least to the prosecuting parties. An "appeal to the pocket" is said to be generally successful; when it is,

therefore, understood that in *cases of mal-practice* the result is something *out of the pocket* rather than *into it*, patients will be very slow to prosecute physicians.

CHLOROFORM AND FORMIC ACID.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In your Journal for January 31, 1856, I notice a statement that Prof. C. T. Jackson had discovered *formic acid* in the blood of the person who recently died from the inhalation of chloroform in your city, and that "it was obtained by distillation in the heat of a chloride of calcium bath." Then follows an explanation, how formic acid may result from the changes which chloroform may undergo in the blood, to which reference will be made hereafter; and the article concludes as follows: "Thus the blood is not only deprived of its oxygen, but it is so altered as to be incapable of absorbing vital air, and the patient dies from asphyxia. The production of *formic acid* under such circumstances has never before been known, and, of course, is to be regarded as an important physiological fact of no small practical moment."

The first thought which occurs on reading this statement is, if this is the usual effect of inhaling chloroform, why does not a fatal result more frequently ensue? It is not mentioned that the danger arises from the formic acid in the blood, except indirectly, first by *abstracting oxygen from the blood*, thus causing asphyxia. Considering the small amount of chloroform necessary to produce its specific effects, and the large amount of free oxygen in the blood, there would seem to be little danger from this source, and especially as the greater part of the chloroform is speedily given off by the lungs in the expired air. Besides, the amount of free oxygen in the blood is very large, and constantly varying from different causes, and yet without injury to health.

Dismissing this objection, then, as entirely untenable, we come to the second, viz., that "*the blood is so altered as to be incapable of absorbing vital air, and the patient dies from asphyxia.*" I fear that this is only a bare assumption, not based upon facts or proof of any kind—certainly none whatever is given. No physiologist would be justified in drawing such a conclusion, without a single experiment to sustain it. It looks as if the writer wished to make out a case with the least possible trouble. I hope he will present us with his reasons for so remarkable and important an inference. *A priori* reasoning does not favor it. That a small amount of formic acid in the blood, should prevent the oxygenation of the blood in the lungs, so as to cause asphyxia, is opposed to all we know of the physiology of the blood, or of respiration; there is no analogous fact, I venture to say, on record. I grant that it is "an important physiological fact of no small practical moment," provided that it be a fact, which remains to be proved.

The writer does not give the particulars of his process for obtaining the formic acid, only stating "that it could be readily separated by distillation" (of the blood) "in the heat of a *chloride of calcium* bath." If by this, we are to understand that it *was* thus separated, it may have been formed by the process of distillation, for Lehmann informs us that "he has ascertained that *formic acid is a product of the oxidation of many animal and vegetable substances.*" (*Phys. Chem.*, Vol. I., Am. Ed., p. 56.) What may be the temperature of a "chloride of calcium bath" does not appear; but it was doubtless high enough to oxidate the blood, and produce the substance sought after.

If this explanation be deemed insufficient, then it may perhaps suffice to know that formic acid enters into the normal composition of most, if not all, animal bodies. Bouchardat and Landras found it in the blood of dogs fed on sugar. (*Compt. Rendu*, T. 20, pp. 1026 et 1085.) Tcherer says it is contained in the juice of flesh, as well as lactic, inosic, acetic and several other acids of the butyric acid group. (*Ann. de Chem. et Phar.*, Bd. 69, s. 196, 201.) The same writer states that he has found formic acid also in the acid fluid of the spleen, and in leucæmic blood. Lehmann states (loc. cit. p. 54) that "very large quantities of this acid have been obtained under my (his) own inspection, from *normal human sweat.*" Bouchardat and Landras also, as well as the best physiological chemists of Europe, are of opinion that the lactic acid, formed from starch and sugar in the blood, is first decomposed into formic acid before its elements are finally reduced to water and carbonic acid. Dr. Day, the learned translator of Lehmann's *Physiological Chemistry*, says (Vol. II., p. 105) that "Schottin has demonstrated with the greatest certainty the presence of formic acid in the sweat." And if in the sweat, it must, of course, have pre-existed in the blood. It is also well known that after the use of *amygdalin* large quantities of formic acid are found in the urine. (*Lehmann's Phys. Chem.*, Vol. II., p. 132.)

These statements and facts may possibly suffice to dispel any fears in regard to the danger of forming formic acid in the blood by giving chloroform. It would be far more readily formed from alcohol, acetic acid or wood spirits (methylic alcohol), and therefore those substances would be far more likely to cause death, if it is so likely to result from formic acid. For alcohol consists of $C_4\ H_6\ O_2$, and formic acid* of $C_2\ H_2\ O_4$; and if alcohol should be taken in a fatal dose, it would be still more plausible, if not scientific, to say that four atoms of hydrogen had left the alcohol and combined with three atoms of free oxygen in the blood, forming water, while two other atoms of oxygen had combined with two of alcohol, thus forming formic acid, which had caused asphyxia! Or, suppose a little vinegar or acetic acid be swallowed, whose formula is $C_4\ H_4\ O_4$. Now

* If we take Lehmann's formula for formic acid, $C_2\ HO_3\ HO$, then alcohol will be changed into it by losing two atoms of carbon and five of hydrogen, and gaining one of oxygen.

two atoms of carbon and two of oxygen are only to be abstracted from the acetic acid to form formic acid, and this is easily done by two of the former combining with four of oxygen to form carbonic acid, and two of the latter with two of oxygen to form water, and so in other cases. We do not deny that a portion of chloroform may possibly be changed in the blood into formic acid, though there is no proof of it; and it is probable that alcohol, acetic acid, wood spirit, butyric acid, and perhaps valerianic acid, do undergo this change. But whether they do or not, as formic acid is a constant constituent of animal bodies, no danger need be apprehended from its formation or its presence in the blood.

Moreover, if such liberties are allowed the pure chemist in forming hypothetical formulæ, where is he to stop? With free oxygen and carbon in the blood, with oxidizing and deoxidizing processes constantly going on in the body, with the formation and decomposition of water, and the elimination of its elements, where is the difficulty of manufacturing any of the proximate principles, the vegetable alkaloids, for example, even hydrocyanic acid and the most powerful animal and vegetable poisons? This will give a new phase to toxicology, and we must study it from a different point of view. Given the elementary substances C. H. O. N. and the above conditions, with the inorganic substances formed in the body, and we see no end to the matters which the theoretical chemist will yet find in the system. The best physiological chemists of the day, however, condemn "this *fanciful trifling with chemical formulæ*, which, from bearing the impress of the words and symbols of an exact science, have deceived many unaccustomed to such characters." (*Lehmann*, Vol. I., p. 78.) And we have the same high authority (p. 40) for saying, that "an absence of reasoning power, a perfect ignorance of all leading maxims having any scientific import, a superficial knowledge of the true requirements of science, has led many physicians to make elementary analyses of admixtures of several substances of a highly variable composition, as, for instance, of *blood*, bile, muscle, &c., and to establish chemical formulæ from the data thus afforded. This offence against the first principles of chemistry ought not to be palliated, on the supposition that unchemical experiments might chance to yield valuable physiological results, for physiology demands from chemistry *exact and scientifically established facts, and not the mere* ignes fatui *of chemical illusions.*

C. A. L.

Bowdoin College, Feb. 20, 1856.

RETROVERSION OF THE GRAVID UTERUS AT FULL TERM.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are many cases of retroverted gravid uterus, varying from six weeks to four months, on record; and even this short period of

gestation in this mal-position of the uterus, is spoken of as giving rise to very serious inconveniences, and even death itself. But I am not aware that there is on record a single case of pregnancy in a retroverted uterus, in which the fœtus continued to grow and the walls of the uterus to expand for at least 260 days from the last menstruation, which produced such slight disturbing causes and so little suffering to the unhappy individual, that it was not deemed necessary, on her part, to call the attention or invoke the aid of her family physician to examine or rectify her situation.

Such being the fact, I feel assured that a record of such a case will be deeply interesting to the profession, teaching them that "all things are possible," and proving, as it does, conclusively, first, that it is possible for a fœtus to grow and the uterus to expand, though retroverted, to nearly or quite full term; and, second, that the usually distressing concomitant symptoms of this frightful accident may be so slight, during the whole period of gestation, as not to awaken any suspicion as to its mal-position, or give rise to such unusual or excessive suffering as to demand medical interference. The case alluded to occurred last May, just in the outskirts of my practice, under the care of Drs. Houck and Wiley—gentlemen of entire veracity—who gave me the following particulars, that they might be reported for some respectable medical journal.

Mrs. W., æt. 26, of German extraction, and of small stature, being seized with wandering pains, which increased as the night waned, and being within two weeks of her expected confinement, deemed it advisable to send for her attendant, Dr. H., at about 4 o'clock, A. M., of May 10th, 1855. After breakfast, the pains appeared to relax somewhat, and the doctor having some other patients to see, left her at about 10, without making a vaginal examination. Towards evening of the same day he was sent for, and Dr. W. visited the patient with him. They found her suffering very much with unceasing pains, an inability to void urine, and much prostration. An examination was now made—attempted, rather, for they found a large globular mass filling the pelvis, and obliterating the vagina wholly, so that the index finger could only be inserted within the labia minora. The bladder was emptied by means of a long catheter, and the examination repeated, with a fruitless search for the os uteri. Dr. James, a much more aged and experienced physician, was sent for to assist them in this alarming and perplexing case. In a few hours he was present, but failed also in the first examination of finding the location of the os. Dr. H. finally was enabled to reach it, by the utmost force, far above the crown of the pubal arch, but of course it availed nothing. Subsequently, he was enabled to detect that it was a footling case. The poor woman sank rapidly, and expired in awful agony, but free from convulsions.

I judge this woman to have possessed a very capacious pelvis, for I attended her in her first confinement, at which time she speedily delivered herself (with no manual assistance) of a fine child, breech foremost, with perfect ease.

All that could be learned from herself, or of the neighboring females, in regard to her gestative condition, was the usual response, that "she never felt so before," that "she feared something was wrong," &c., but yet had no unusual difficulty in micturition or defæcation till the advent of wandering labor pains. It must ever be regretted that a *post-mortem* examination could not be obtained.

OPIUM AS AN ANTIDOTE TO AN OVER-DOSE OF VALERIAN.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—On reading in your Journal of February 21st, Dr. Mussey's case of poisoning by opium, treated with belladonna, and its results, it brought forcibly to mind a case which occurred in my own practice, some years since, in which the same principle seemed to be involved, although opium was the *remedy* instead of the *poison*.

Mr. E——, an unmarried man, about 40 years of age, of delicate constitution and nervous temperament, applied to me, saying he could not sleep at night, had palpitation, &c. Thinking, upon examination, that he required some tonic nervine, I prescribed the extract of valerian, a five-grain pill at bedtime, and gave him a mass of the extract about one fourth of an ounce in weight. About midnight, of the same day, I was summoned in great haste to attend the man, as he was said to be "raving, and nothing could be done with him." Upon arriving, I found him extremely delirious, attempting to get out of the window, threatening, and vociferating violently. With some difficulty I persuaded him to allow me to examine his pulse, tongue and eyes; his pulse was frequent, tremulous and irregular, and the pupils of his eyes were dilated to nearly the whole extent of the cornea, even when approached by a lighted candle. He complained of not being able to see, and did not recognize me, nor the members of the family about him, and imagined himself away from home, and beset with all sorts of danger, from which he was attempting to escape, although unable to walk without staggering from side to side. He seemed, also, to have a constant desire to micturate, which he insisted upon doing through the window of the room. Upon inquiry, I found he had, within the previous eight hours, taken nearly the whole of a fourth of an ounce of the extract of valerian. Knowing the contractile power of opiates upon the pupils, I thought, from the extreme dilatation, it might have a counteracting effect upon the excessive action of the valerian, and, after waiting some time and the symptoms rather growing worse, I gave him nearly one grain of sulphate of morphia. In about twenty minutes, the pupils began to contract, and his restlessness somewhat abated; still, he continued delirious, and although induced to lie down, did not sleep. At the end of an hour from the first dose, I gave half a grain more. Within fifteen minutes, he was sound asleep, breathing quite regularly and with

comparative ease. Upon cautiously lifting the upper eyelid, after half an hour's sleep, I found the pupil contracted to nearly its normal size. After two hour's sleep, I awoke him without difficulty, perfectly rational, and almost entirely free from any bad feeling, except languor. The pupils appeared a little more contracted than was natural, and he had no farther trouble, and very little recollection of what had occurred during his delirium.

Query.—Could such marked results have been produced by *pure valerian*, or is the extract sold by druggists adulterated by some narcotic or other active substance? I satisfied myself that I had made no mistake in giving him a wrong article.

Chicopee, Mass., Feb. 26, 1856. E. Darwin Abell.

NITRATE OF SILVER AS A REMEDY FOR BURNS.

[We copy the following from the Philadelphia *Medical Examiner* for the present month. It is from the pen of John Wiltbank, M.D., of Philadelphia.]

I wish to call the attention of the readers of the Examiner to the value of the nitrate of silver as an application to burns and scalds. I have used it frequently both in deep and superficial burns, and I have been equally surprised and gratified by the results. The advantages of the caustic application are numerous. It furnishes a complete protection to the inflamed surface, subdues the pain, arrests the serous discharge, changes the character of the inflammation, promotes a speedy cure, and, if am not mistaken, prevents the formation of those ugly cicatrices and the irregular contractions of the skin which so often occur in the healing of burns.

The mode of application is simple. In superficial burns a strong solution—20 to 40 grains of the nitrate to the ounce of water—should be applied over the whole surface with a camel's hair pencil, vesications should be opened and the surface carefully wiped dry before the solution is applied. If the burn is deep and the discharge of serum abundant, the entire surface of the ulcer should be touched lightly with the solid stick.

On the Deafness connected with Fevers (typhus, smallpox, &c.).—M. Trignet refers this symptom to inflammation of the internal ear, and his treatment is directed to the prevention of the accumulation of pus in the auditory cavities, and of the ruinous consequences of this accumulation. He first tries the effect of leeching, cupping or blisters in the neighborhood of the external ear. If this treatment fails, he catheterizes the Eustachian tube, and injects through the catheter certain emollient, anodyne, or slightly irritating solutions, according to circumstances. If this treatment fails, he perforates the membrana tympani, and introduces the injection through the opening.—*Archiv. Belges de Med.*; and *Gaz. Med. de Paris.*

Hospital Reports.

BOSTON LYING-IN HOSPITAL.

Retained Placenta—Injection of Cold Water through the Umbilical Vein —No effect therefrom. Under the care of Dr. H. R. Storer.

Mary Ann H., aged 30, entered hospital Dec. 11th, at 9, P. M., then in labor. Dates of last catamenia and quickening unknown. Patient reports that this is her first pregnancy, but her statement is doubted. The waters came away while she was on her way to the hospital. The os tincæ was of the size of a ten cent piece. She had an enema.

12th Dec.—First stage (dilatation of the os) completed at 4, A. M; second stage (birth of child), at 5, A. M.; third stage (birth of placenta), at 6¼, A. M. The patient was delivered under chloroform. The child was a male; living, slightly asphyxiated, the cord being twice round the neck. Weight, 7¾ pounds. Presentation, right parietal (1st of Naegélé). Placenta, healthy; weight, when unemptied, 1¼ pounds; emptied, ¾ pound.

The placenta not readily yielding to traction, and the uterus contracting feebly, eight ounces of cold water were injected through the umbilical vein; no effect was produced. After waiting more than three quarters of an hour, the placenta was extracted by hand. No hemorrhage followed, and the recovery was uninterrupted.

Dec. 31st.—Patient discharged well.

The injection, in retained placenta, of cold water through the umbilical vein, was some time since proposed by Mojon, for the purpose of "stimulating the uterus by the impression of cold." This effect was not called in question; but the plan itself was combatted by Churchill and others, on the ground that it would be too likely to excite serious inflammation, and for this reason, which is of itself probably an insufficient one, it was laid aside. More lately, however, the proposal has been revived by Liegard, of Caen,* who, in recommending injections for the treatment of post-partum hemorrhage and after pains, asserts that they will effect uterine contraction and placental expulsion "certainly and always." In cases of expected severity, he acknowledges having also given ergot, and thereby masked any effect the water might have produced, though he claims for it nearly equal power with the drug, and in ordinary cases made use of it alone. In his earliest trials, the water was acidulated with vinegar, but this addition he learned to consider unnecessary, and in his subsequent cases neglected.

In answer to the above claim of Liegard, it will be seen that whereas, in his practice, a certain, speedy and marked effect is alleged to have been produced, in one case at least, that now reported, there was none; no sensation of cold; no increase of uterine contraction, either in frequency or force; no advance in the detachment or expulsion of the placenta.

There was certainly time enough allowed for result from the experiment, over three quarters of an hour. In Liegard's cases the effect was said to be immediate. The water was cold enough, being almost at freezing. In Liegard's opinion, the colder the greater effect.

The quantity of water was sufficient. "In winter," says Liegard, "at the common temperature, 150 grammes (five ounces, or thereabouts) will often suffice." In this case eight ounces were used, and the placenta when removed was found distended almost to bursting, but perfectly dry. The organ having been weighed and the ligature removed, it was emptied, and then found to have lost half a pound.

* Vide translation in this Journal, by Dr. Brown, of Providence, Sept. and Oct., 1855.

The fact that such placental distension, unattended with adhesion or organic disease, produced no effect upon its retention, is not without bearing on the question of the cause of placental expulsion in natural labor. Is this owing, as is now believed by good authorities, and for apparently good reasons, to the placenta, after the fœtus has been expelled, acting *merely* as a foreign body? If so, it would seem that the larger the placenta, whether through nature or art, so much the more speedy its expulsion should be; against which stands this case. On the other hand, those are not wanting who advise, for the very same end, emptying the placenta, while still in the uterus, by omitting to place a ligature on the maternal segment of the cord.* Dr. Storer had, however, made trial of this plan also, as bearing upon the question alluded to, in a subsequent case at the hospital—Mary O'B., Feb. 5th—but without the expected effect.

Churchill's fears of exciting inflammation and its consequences by the treatment here followed, are proved, by this patient's excellent recovery, not necessarily well founded. Yet the fact also proved, that the experiment as such may fail, would certainly seem argument against its being repeated.

Premature Labor.—Putrid Child.—Disease of the Placenta. Under the care of Dr. H. R. Storer.

Elizabeth C , aged 40, entered hospital Dec. 5th. Is an American, the wife of a sea captain and apparently in easy circumstances. She has already miscarried twice, and reports, singularly enough, that her husband's former wife also miscarried four times, her only pregnancies. Last catamenia May 15th; is now at the seventh month. Date of quickening unknown.

Labor commenced Dec. 5th, at 1, A. M.; an hour and a half previous to entrance. Had slight premonitory pains yesterday morning. Presentation normal. First stage, dilatation, completed at 5, A. M.; second stage, expulsion of child, at 6·45; third stage, removal of placenta, at 7·25, A. M. The liquor amnii, which was not very profuse, was retained until completion of second stage. The child, a female, was putrid. Its weight, 3¼ pounds; length, 15 inches; umbilicus 1½ inches below the middle point.

The placenta was largely adherent. It was fatty, and some of its lobules were hypertrophied, offering the marks of chronic inflammation. It weighed, washed, three fourths of a pound. Length of cord, fourteen inches.

Chloroform (Scotch) was administered to the amount of one ounce. It was given only during the pains, and not until the first stage was fairly advanced, with much comfort to the patient and no diminution in the frequency or strength of the uterine contractions. It was the first instance of its use in the present hospital. The placenta remaining almost entirely adherent half an hour after the birth of the child, with tolerably profuse flooding, it was separated and extracted by hand. The hemorrhage continuing, it was checked by administration of borax and external applications of ice. The patient had slight chills, which were dispelled by stimulants. After-pains slightly perceptible. She got some refreshing and natural sleep an hour after the completion of her labor, as almost always occurs from the proper use of chloroform.

Dec. 6th.—Has slept most of the night and is now doing well.

Jan. 1st.—Discharged well.

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* Records of Boston Society for Medical Improvement.

The first miscarriage occurred six years since, two years after marriage, and at the third month; the second miscarriage two years after the first and in the eighth month. During the last, which in other respects closely resembled the present, she had severe flooding, under charge of a country physician.

Previously to her present labor she has been anxious and troubled in mind, and has for some time been subject to wandering pains through the abdomen, with more or less bearing down, probably symptoms of the morbid action going on in the placenta. A week since she had rigors, increased and more frequent pain in abdomen, and other signs of the child's death. She supposed she had merely taken cold, to which, however, she had not been exposed.

Should this patient ever again apply at the hospital, pregnant, and in time, she will get chlorate of potass. or some other alkaline salt, early in the fifth month if possible. By this means the placental disease may be, to a great extent, counteracted, and the child probably saved. There was not the slightest reason to suspect that syphilis had ever existed, and in both the last pregnancies the child, without a doubt, had died from *placental phthisis.** A large portion of that organ having been rendered impermeable by disease, an insufficient amount only of blood could reach the fœtus. In such cases the quantity of this can hardly be increased; but by throwing an excess of oxygen into the maternal system, and thus altering the quality of the blood, all deficiency may be supplied.

Bibliographical Notices.

Digestion and its Derangements: the Principles of Rational Medicine applied to Disorders of the Alimentary Canal. By Thomas R. Chambers, M.D., Physician to St. Mary's Hospital, author of Decennium Pathologicum, &c. New York: Samuel S. and William Wood. 1856. 8vo. pp. 441.

This book consists of two parts, the first of which treats of the Physiology of Digestion, and the second of the Pathology of the Digestive Organs, and the Treatment of Indigestion. The materials of the first part were drawn from the most recent and most reliable sources, especially the experiments and investigations of eminent German and French physiologists, the greater part of whose results are to be found only scattered through medical journals. To examine, compare and select from such abundant sources, was a work requiring great knowledge and judgment, and could only have been the result of much labor. We think that Dr. Chambers has been singularly successful in presenting a clear and interesting account of the various functions of the digestive organs. The reader who turns in despair from the periodical in which he reads of the experiments of Bocker, Bischoff, Fzerichs, Bidder and Schmidt, Bernard, and many others, will here find the results of their investigations compared, and grouped into a harmonious picture, presenting a much more intelligible idea of the great function of digestion than the state of our science has hitherto allowed.

In the second part, Dr. Chambers has not failed to avail himself of the light shed upon the diseases of digestion by the improvement in our acquaintance with the normal condition of that process, thus illustrating the

* Simpson, Obstetric Works, MSS. of Vol. II.

mutual dependence of physiology and pathology. His descriptions of the various forms of indigestion are graphic and faithful, and are followed by judicious advice concerning the application of remedies. We should be glad to make large quotations, but must confine ourselves to the following extract, which exhibits the philosophical character of the author's mind more clearly than could be done by any words of our own.

"The important problem for medical science to solve, is to know the visible signs and indications of the various combinations of different forms of organs, and their functions, so as to modify, in the way to suit each combination best, the circumstances subject to our will. A good many we do know, and find them most invaluable in practice. We observe, for example, that a man's urine contains a trace of the albumen of the blood, and conclude from hence that external circumstances or original constitution have caused the kidneys to become degenerated. We know that in this case the skin, from the partial relation of its functions to those of the kidneys, cannot bear exposure to cold and wet like other people's; so we clothe our patient in flannel, give him baths and rub him, and keep him in a drier and warmer air than is good for healthy persons. If he is wise enough to follow advice, he may avoid dropsy and other diseases which are the physiological consequences of his bodily structure." * * * * "We see a lady with languishing eye and dilated pupil, and recognizing that peculiar condition of the nervous system called hysteria, know that whatever illness accident may inflict upon her will be largely colored with symptoms out of her tendency. No sane physician talks about removing these habits of body; it would be something like curing an ugly nose or too short legs. What he has to do is to regulate external circumstances so that they may not develope themselves into diseases, or when diseases do arise, to take the constitution of the individual into account in diagnosis and treatment."

The style of the book is familiar and agreeable,—it is one of the most readable medical books we ever met with. We sincerely recommend it as one of great value, which should be in the possession of every practitioner.

For sale by Burnham, Brothers.

The Action of Medicines in the System, "Or on the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy," being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for MDCCCLII. By Frederick William Headland. Second American, from the second revised and enlarged London edition. Philadelphia: Lindsay and Blakiston. 1856. 8vo. Pp. 408.

We are glad to see a new and improved edition of this valuable work, the sound and philosophical character of which is well known. Such additions have been made as the rapid advance in therapeutics required. We can heartily recommend the book as containing the largest amount of accurate information on the subject of the action of medicines in the system. It is handsomely printed, and may be had of Ticknor & Fields.

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. Ranking, M.D. and C. B. Radcliffe, M.D., &c.

The twenty-second number of this valuable serial reached us, some time since, through the kind attention of Messrs. Lindsay & Blakiston, its publishers. A valuable collection of *excerpta* from the "principal British, American and Continental medical works" for the months from July to De-

cember, 1855, is thus presented to us. The Editors inform us that every periodical from which they quote is consulted *directly* by them and their coadjutors. Eighteen British, fourteen French, nine German, one Italian and seven American Journals, are referred to in the "Abstract," and the range of subjects comprised in the selections is extensive, as may naturally be supposed. Hygiene, Acute and Chronic Diseases, under Part I., are the topics upon which articles are chosen to represent the latest researches on the "General Questions in Medicine;" the "Special Questions" are referred to under the heads of affections of the nervous, respiratory, circulatory, al imentary, and genito-urinary systems. Surgery is quite as fully represented. Midwifery and Diseases of Women and Children occupy an important space. Among the authors quoted we observe the name of Dr. Slade, of this city, a digest of whose article upon the incontinence of urine in children, communicated to the *Amer. Jour. of the Med. Sciences* in July, 1855, is given upon the 177th page.

Valuable Reports upon the Progress of the Medical Sciences, follow and conclude the volume. Medicine, Surgery, Midwifery, Physiology, Materia Medica and Therapeutics, all receive attention in this department. Practitioners must find this work indispensable; presenting, as it does, whatever its most valuable, in so available a form.

The Medical Independent, and Monthly Review of Medicine and Surgery. Edited by Henry Goadby, M.D., Edward Kane, M.D., and L. G. Robinson, M.D. Detroit. Published by S. D. Elwood & Co. No. 1. March, 1856.

The first number of this Journal has just reached us. It contains a number of interesting articles, chiefly by Dr. Goadby, which are illustrated by numerous engravings. The editors promise monthly reports of epidemics, besides other features of interest Price $2 per year, in advance.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH, 13, 1856.

THE LATE TRIAL FOR INFANTICIDE.

The following letter from an esteemed correspondent, in reference to our article on the above subject, in the 4th No., will be read with interest.

Messrs. Editors,—In your last number but one, is a notice of the trial of a young woman in Boston for child-murder. The accused was arrested about a week after, as it was said, she had given birth to a child. She was about the house the morning following the alleged delivery, as well as usual; and left it with two other girls, to go to a town some 30 or 40 miles from the hotel in which she had been some weeks living. She was brought to trial about six months after her arrest. Two witnesses for the government swore that when she came to the place, she was so large that they believed she was pregnant, and told her so. She denied it. They swore that after the alleged delivery she was smaller than when they first saw her. These witnesses were women. Two other witnesses for the government, men, were next sworn. They had daily seen the accused, but had not no-

ticed anything unusual as to her size when she came to the house, or that she was smaller after the alleged delivery. The infant found, as you reported, had a string tied tightly about its neck, and was wrapped in a bit of light-colored cloth. The above four government witnesses were severally asked if this cloth were the same with, or like the apron daily worn by the accused. Two answered that it was, the other two were uncertain about its identity. The next government witness was the physician who had examined the body of the infant. The body was found on Wednesday, the third day from the alleged delivery. The weather was hot. The place was a beach in sight of the house, a hotel, in which the accused lived, and was a place of great resort, especially on Sunday, and much frequented by company every day. Upon the beach were small stones and shells, which visitors were in the habit of collecting. But by the allegation, this body, one foot of which was out of the envelope, had not attracted attention till the Wednesday referred to, though witnesses had sworn that many persons had been daily passing near it in all directions, and were constantly hunting the spot for stones. The physician swore that he opened the thorax, cut off a bit of lung, and threw it into water and that it floated. He took out the heart, and upon opening it found the *foramen ovale of an oval form, and very much diminished in size.* The *ductus arteriosus* undergoes the changes here ascribed to the foramen ovale, and which changes begin immediately upon the establishment of pulmonary circulation, to which respiration at once gives rise, and which are soon completed. The foramen ovale closes slowly. It sometimes remains open, unchanged, and produces the blue complexion by which some individuals are distinguished from others. In other cases it is sufficiently closed to prevent this peculiarity, but is not perfectly closed. Nothing was said of the condition of the lung when cut, whether it crepitated or not, whether frothy mucus and blood followed, or what, if any, of the ordinary effects of respiration were noticed. Two physicians *for the defence* were now called by the government to the stand, and were asked if, from the professional testimony, they believed that the infant found as above related, had been born alive. They severally answered, that so entirely wanting was the testimony in many particulars which the question and so grave an issue as that before the court demanded, that they could not say that they believed the child was born alive. A brief statement was given of the many questions involved in the "pulmonary proof," together with the modes of employing it, and especially of the circumstances which deeply affect its value. No examination had been made of the head, which might have shed light upon the question of strangulation, or of those conditions of the lungs and heart which such a mode of death might have produced.

The Attorney General now said he would abandon the case, and either enter a *nolle pros.* or ask for a verdict, and for the reason that the witnesses who had been relied on by the government had entirely failed to support the indictment. The counsel for the defence addressed the court and asked for a verdict. They asked for a verdict because they believed the defendant had the strongest claim to one. She had been arrested on the gravest charge, the murder of her child. The Grand Jury had found a bill in correspondence with that charge. She had been kept for months in prison. They said they would show beyond doubt that the charge was without foundation. One witness would testify that she had slept every night with the prisoner, up to the day she left her place—that she had seen her dress and undress, and had never for a moment suspected she was

pregnant, or that she had been delivered of a child. As to the after-birth said to have been found in the afternoon in a chamber vessel, the counsel had the testimony of the chamber girl, that in the morning, when that vessel was seen, it contained nothing more than was always found at such a time, in such a place. The jury, under the instructions of the court, which immediately followed a motion so eloquently and powerful y put, without leaving the room rendered a verdict of "not guilty."

This was a singular case. There was no proof that the accused had been pregnant. There was no proof that she had been delivered. There was no proof that the child had been born alive. There was no case. The *corpus delicti*, if I may be allowed to extend the application of this figurative expression to such appearances, and to facts on the person of the accused, as would place beyond doubt that she had been in a condition which would have made it possible that she was the author of the crime—the *corpus delicti* was not before the court, in a most important part of its evidence. There had been a long imprisonment, and under circumstances certainly not favorable for the preservation of character, or for increasing that moral development on which a good life so much depends. Suppose for a moment that at the time of the arrest, an examination of the accused had been made by competent persons. The questions of pregnancy, of recent delivery, would have been placed beyond doubt, the accused might have been at once discharged; and a signal failure in a criminal prosecution might have been avoided.

No one in the court that day could have failed to be struck with the whole manner and bearing of the public prosecutor, Hon. Mr. Clifford. The dignity, courtesy and wisdom which appeared in all that he said, and in their whole expression, impressed me after a manner never so felt before—that in the exercise of his high and solemn function, both State and accused were sure of justice. The necessary interruptions which questions of the admissibility of evidence gave rise to, were patiently and courteously yielded to at once, and you saw that the effect was to give to those interruptions and to the manner of them, the same character and spirit which marked the manner in which they were received. Moral grandeur reaches its highest point when in such an issue as that in which must be life or death, he and they who are to be its arbiters have lost themselves in their great office, and have had their thought, their word, and their act, in the loftier, the loftiest regions of truth. C.

"EXCELSIOR MEDICAL COLLEGE."

A LATE number of the *New York Daily Times* presents us with the following paragraph:—

"EXCELSIOR MEDICAL COLLEGE.—Mr. Dixon introduced a bill to charter the Excelsior Medical College in the city of New York. The bill designates as corporators and trustees, James Sull, —— Moderno, Benj. Brandreth, Thomas Allcock, Aaron Ward, John T. Hoofman, James J. Smalley, Adrian K. Hoofman, Wm. H. Robertson, Marshall O. Roberts, Geo. A. Brandreth and Wm. W. Clay, and gives them power to hold property to the amount of $500,000. It gives the College the rights and powers possessed by other medical colleges in the State."

We do not recognize any names here given as possessing notoriety, with the exception of one which has travelled long distances upon the covers of certain oblong pill-boxes, the contents of which have drained, rather indiscriminately, both the bowels and pockets of the "sovereign people." If

the same individual be (as we conclude is the fact from the identity of the name) at the bottom of this new scheme, we opine that the title of the would-be college will have as apposite a meaning as is ascribed to the word *lucus—a non lucendo!* In other words, that, if established, it will be an instance of the *facilis descensus*, &c. But *will* it be established? We are inclined to believe that the common sense of the New York legislators will hardly allow itself to be so utterly befooled as it certainly would be by the granting of a charter to this "concern." The absurd and insulting designation its proposers have prefixed is enough to stamp the whole affair with condemnation in the minds of all honest men, who look with a single eye to the real good of the community at large, and of sufferers from disease in particular. It should elicit very searching inquiries from those who have the power to authorize the fulfilment of this undertaking, in what respects its projectors intend that their "college" shall be "*excelsior*" in regard to the other institutions of New York State and of other States. The vulgar and bold pretension which looks out of the simple announcement of this presentation of a "bill" to the Legislature is too apparent not to excite a contemptuous smile. Our only wonder is, how any one could be brought to assume the questionable office of "introducing" the document.

We believe that the best judges in these matters will agree with us in saying that there are already *enough*, if not too many, colleges and medical schools. It is no easy matter to place an institution of this sort upon a basis which shall secure for it at once respectability and the indispensable paraphernalia for efficient action Years of experience are required before a high and authoritative position, for *any* college, can, by the best endeavors even, be realized—and here we have an unfledged affair about to attempt a flight "*excelsior*" forsooth! Had it been Barnum who devised the matter we might have wondered less, notwithstanding the late downward tendency of his stock!

On the whole, if the New York Legislature concludes to stultify itself by passing this bill, we shall look upon the matter as quite sure to be self-settled in due time. It may be well, however, to call to mind the old saying that "a man is known by the company he keeps," and also the fact that "the evil which men do lives after them." We have, it is true, no faith in the ultimate success of anything coming forward in such a garb; its signals are meretricious and will find no answer from honorable men; and any ephemeral success that such a project might have, would be the triumph of the will o' the wisp, which, after it has led its dupes into a sufficiently large and deep quagmire, is suddenly nowhere, while they extricate themselves—if they can!

Although it is almost an unpardonable offence to a highly popular writer, we beg him to excuse us while we put the following words into the mouth of the New York Legislature, in the measure so beautifully applied by him to really *higher* aims:—

The healing art is failing fast—
Of humbugs this is sure the last;
To us there comes—'mid snow and ice
A "bill" which bears a strange device—
"Excelsior"!

Try not to pass! may well be said,
Expose not thus a brainless head;
Seek other work—the world is wide—
To you the term is misapplied—
"Excelsior"!

Or else, some morning cold and gray,
Lifeless you'll cumber the highway;
And not a voice from near or far,
Proclaim you e'en a falling star—
"Excelsior"!

AMERICAN MEDICAL ASSOCIATION.

We have received the following circular, with a request to copy it into our pages. This we do with pleasure, and trust that the profession throughout the country will be fully represented at Detroit in May next.

The ninth annual meeting of the American Medical Association will be held in the city of Detroit, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every addional fraction of more than half this number.

"The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

Wm. Brodie, M.D., Detroit, Mich.,
One of the Secretaries.

MASSACHUSETTS COLLEGE OF PHARMACY.

At the annual meeting of the Massachusetts College of Pharmacy, held in this city on the 3d inst., the following members were elected officers for the ensuing year:—Daniel Henchman, President; Samuel M. Colcord, 1st Vice President; Thomas Hollis, 2d Vice President; T. Larkin Turner, Corresponding Secretary; Henry W. Lincoln, Recording Secretary; Ashel Boyden, Treasurer; James S. Melvin, Auditor; Trustees, Geo. W. Parmenter, Robert R. Kent, John Buck, Henry D. Fowle, Charles H. Atwood, Augustus P. Melzar, Charles T. Carney, William W. Goodwin.

The College commences the year under very favorable auspices, and having procured spacious accommodations in the Perkins Building, Temple Place, offers additional inducements for new members.

La Seminario gives the number of cases of cholera at Madrid as 5,501, with 3,697 deaths.

Deaths in Boston for the week ending Saturday noon, March 8th, 83. Males, 41—females, 42. Apoplexy, 2—inflammation of the brain, 2—disease of the brain, 1—congestion of the brain, 1—bronchitis, 1—consumption, 18—convulsions, 2—croup, 2—dropsy, 1—dropsy in the head, 5—debility, 1—infantile diseases, 5—diabetes, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 5—disease of the heart, 2—inflammation of the lungs, 6—congestion of the lungs, 1—marasmus, 1—measles, 2—old age, 2—palsy, 2—pleurisy, 3—smallpox, 4—scalds, 1—suicide, 1—teething, 4—rheumatism, 1—unknown, 2—whooping cough, 1.

Under 5 years, 34—between 5 and 20 years, 12—between 20 and 40 years, 17—between 40 and 60 years, 8—above 60 years, 12. Born in the United States, 60—Ireland, 17—England, 3—British Provinces, 2—Germany, 1.

Naval Medical Board.—A Board of Naval Surgeons will be convened at the Naval Asylum, Philadelphia, on the 1st of March, 1856, for the examination of Assistant Surgeons for promotion, and of candidates for admission into the medical corps of the Navy. The following officers will compose the Board:—

President—Surgeon James M. Greene.

Members—Surgeons Samuel Barrington and John M. Foltz, and Passed Assistant Surgeon Joseph Wilson, *Recording Secretary.*—*Philad. Med. News.*

Closure of the Burial Grounds in London.—Dr. Letheby, the medical officer of the city of London, in his report, made to the City Commissioner of Sewers (Jan. 8th, 1856), states:—"In concluding my report for the last quarter, I must not omit to state that through your influence the last of the city graveyards has been permanently closed. (Applause.) This is matter for congratulation, for, at the commencement of the year 1853, there were sixty-five burial grounds in the city of London. These, together with the vaults of the attached churches, received nearly a thousand corpses annually; but now, at the close of the year 1855, I have the honor to inform you that all of these churchyards are permanently closed. You have, therefore, relieved the city of one of the most prolific sources of pestilential disease.—*Med. Times and Gaz.*

Suicide by Swallowing a Red-Hot Poker.—On Sunday evening, Dec. 23d, at 10 o'clock, a man, in the prime of life, but whose appearance betokened poverty and misery, entered the Grantham Arms, Dyer street, Leeds, and having called for a pipe, sat down moodily by the fire. After sitting thus for ten minutes, the man put a poker into the fire, and when it had become red-hot, took it out, and knocked it against the floor to remove any excrescence on it. He then deliberately put the red-hot end of the poker down his throat. The persons present caught hold of him, and having removed the poker from his possession, bathed his mouth with warm water. The man was ultimately removed to the Mendicity office, where every attention was shown him; and, in answer to inquiries as to the cause of the rash act, he only replied that it was a very foolish act, and he did not know what he was doing. His tongue, throat, and under lip, were very much burnt, from the effects of which he died last Friday.—*Leeds Mercury.*

Alleged Cure for Hydrophobia.—M. Guerin-Meneville lately brought before the French Academy of Sciences a means of curing hydrophobia, which, he stated, is practised in Russia with success. A little insect, the golden cetonides, found in considerable quantities on rose trees, is proved, when pounded to a powder, and administered internally, to produce a profound sleep, which sometimes lasts for thirty-six hours, and which has the effect, in many cases, of completely nullifying the hydrophobic affection. A distinguished entomologist of Russia, M. Motschouski, has tried several experiments with this insect, and in most cases with success.—*London Times.*

Wonderful Mesmeric Effects.—A Mr. S. Chadwick has lately been lecturing and operating, as a mesmerist, at Todmorden, with success; and he has been honored with a fair amount of patronage from the people resident in this picturesque vale. On Thursday week, having by that time, we imagine, attained the very acme of perfection in the subtle science, the lecturer and operator is said to have executed a manœuvre which eclipsed all his former mesmeric experiments. It is imagined that he operated upon himself, and, when under the charmed influence, unconsciously vanished from the neighborhood! In the evening of the day in which he disappeared, the lecturer had advertised himself to lecture in Sobriety Hall. He has not since returned, and it is therefore supposed that he still remains in a happy state of blissful unconsciousness.—*Halifax Journal.*

Russian Statistics.—From an interesting report lately published by the Board of Trade, it appears, that before the commencement of the present war, the population of the Russian Empire amounted to 53,137,150. It is also stated that there was an excess of females over males of 412,889, a difference which by this time the war must have considerably increased.—*London Lancet.*

The Typhus Fever is committing great ravages at Vienna, as many as 12,000 cases having occurred.—*Ib.*